

FORM LM-30

LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved
Office of Management
and Budget
No. 1215-0188
Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.

For Official Use Only

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READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - <u>5721</u>	2. Fiscal Year Covered From: <u>1</u> / <u>1</u> / <u>2004</u> Through: <u>12</u> / <u>31</u> / <u>2004</u>
3. Name and address of person filing. Name <u>Steven</u> <u>C</u> <u>Lex</u> P.O. Box, Bldg., Room No., if any Street <u>2340 W. Ridge Rd.</u> City <u>Cottage Grove</u> State <u>Wisconsin</u> ZIP Code + 4 <u>53527-8844</u>	4. Name, file number, and address of labor organization. Name <u>I.U.E.C. Local 132</u> Labor Organization File Number <u>042308</u> P.O. Box, Building and Room Number, if any <u>PO Box 243</u> Street City <u>Cottage Grove</u> State <u>Wisconsin</u> ZIP Code + 4 <u>53527-0243</u>
5. Position in labor organization. <u>Business Representative</u>	

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests
(except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
6. Name and address of Employer (including trade name, if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4	7.a. Nature of Interest, Transaction, or Income. 7.b. Amount.

Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)	
Signed <u>Steven C. Lex</u>	On <u>8-4-05</u> <u>608 839-4880</u> Date Telephone Number

Name of Person Filing Steven Lex	File Number U-
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B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

<p>8. Name and address of Business (including trade name, if any).</p> <p>Name <input style="width: 80%;" type="text"/></p> <p>Trade Name, if any: <input style="width: 80%;" type="text"/></p> <p>P.O. Box, Bldg., Room No., if any <input style="width: 80%;" type="text"/></p> <p>Street <input style="width: 80%;" type="text"/></p> <p>City <input style="width: 80%;" type="text"/></p> <p>State <input style="width: 20%;" type="text"/> ZIP Code + 4 <input style="width: 20%;" type="text"/></p>	<p>9. Business deals with:</p> <p><input type="checkbox"/> a. Labor Organization</p> <p><input checked="" type="checkbox"/> b. Trust</p> <p><input type="checkbox"/> c. Employer</p>						
<p>10. If 9.b. or 9.c. is checked give trust or employer's name.</p> <p>Name <input style="width: 80%;" type="text" value="Natl. elevator Industry Education Program"/></p> <p>Trade Name, if any: <input style="width: 80%;" type="text" value="N.E.I.E.P."/></p> <p>P.O. Box, Bldg., Room No., if any <input style="width: 80%;" type="text"/></p> <p>Street <input style="width: 80%;" type="text" value="Eleven Larson Way"/></p> <p>City <input style="width: 80%;" type="text" value="Attleboro Falls"/></p> <p>State <input style="width: 20%;" type="text" value="Maryland"/> ZIP Code + 4 <input style="width: 20%;" type="text" value="02763-1068"/></p>	<p>11.a. Nature of such dealing.</p> <div style="border: 1px solid black; padding: 5px; min-height: 80px;">Meetings for the Education Program</div> <p>11.b. Approximate dollar value of such dealing. <input style="width: 100%;" type="text"/></p> <p>12.a. Nature of interest held or income received.</p> <table style="width: 100%; border-collapse: collapse;"> <tr> <td>Lodging & meals 1/27-1/28 2004</td> <td style="text-align: right;">\$267</td> </tr> <tr> <td>Dinner April 13, 2004</td> <td style="text-align: right;">\$29</td> </tr> <tr> <td>Dinner Nov. 3, 2004</td> <td style="text-align: right;">\$27</td> </tr> </table> <p>12.b. Amount. <input style="width: 100%;" type="text" value="\$323"/></p>	Lodging & meals 1/27-1/28 2004	\$267	Dinner April 13, 2004	\$29	Dinner Nov. 3, 2004	\$27
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Dinner April 13, 2004	\$29						
Dinner Nov. 3, 2004	\$27						

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

<p>13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).</p> <p>Name <input style="width: 80%;" type="text"/></p> <p>Trade Name, if any: <input style="width: 80%;" type="text"/></p> <p>P.O. Box, Bldg., Room No., if any <input style="width: 80%;" type="text"/></p> <p>Street <input style="width: 80%;" type="text"/></p> <p>City <input style="width: 80%;" type="text"/></p> <p>State <input style="width: 20%;" type="text"/> ZIP Code + 4 <input style="width: 20%;" type="text"/></p>	<p>14.a. Nature of payment.</p> <div style="border: 1px solid black; height: 150px; width: 100%;"></div>
<p>13.b. Is the Business an Employer <input type="checkbox"/> or Consultant <input type="checkbox"/> ?</p>	<p>14.b. Amount of payment. <input style="width: 100%;" type="text"/></p>

August 4, 2005

U.S Department of Labor
ESA/OLMS, Room N-5616
200 Constitution Avenue, NW
Washington, DC 20210-0001



This is inform you that I have already filed a report on 7-25-04 but felt I should file a new report as I became aware of some additional information that I think may apply. I have tried to account for everything but if I recall anything else I may have overlooked I will forward it to you. I am sorry for the confusion and the extra report.

Steven C. Lex
2340 W. Ridge Rd.
Cottage Grove, WI 53527-8844

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